Mio AuSable Schools

Schools of Choice Application Form

2025-2026 School Year

Applications accepted between:
August 14—August 28, 2025
January 5—January 16, 2026

Application Date:						
Student Name:	Student Grade:					
Date of Birth:	Primary Phone Number:					
Street Address, City, Zip Code						
School District in Which Student Lives:						
County of Residence:						
Parent/Guardian Name:	Phone Nu	Phone Number:				
Has this student ever been suspended, expelled, or co	onvicted of a	felony?		YES		NO
If yes, for what reason and date of occurrence:						
Reasons for seeking enrollment in Mio AuSable Schoo	ls:					
Parent must provide one of the following for proof of reside • rent/lease agreements, mortgage payment rece	-	lls, property ta	ax bills	, voter reg	jistrati	on
I acknowledge that any misrepresentation or withholding of drawal or rejection. I also understand that transportation to and I am responsible for ensuring my student's transportation AuSable Schools bus stop, if available.	Mio AuSable	Schools is not	provid	ded by the	distri	ct,
Parent Signature		Date				
OFFICE USE ONLY						
Administrator Signature of Acceptance	_	Date of Acc	ceptan	ce		
Student was accepted as School of Choice student:	Yes	No				
Parent/Guardian was notified of acceptance/denial by:		n Phone ther				